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APPLICANTS

Richard R. Navarro, Strongsville, OH;
 Bharadwaj Ananthan, Akron, OH;
 Randall R. Theken, Coventry Township, OH;

**** CONTINUING DATA *******

This application is a 371 of PCT/US04/10000 04/02/2004
 which claims benefit of 60/460,613 04/04/2003

/J.N.H./

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and _____ Acknowledged _____ Examiner's Signature _____	/JULIANNA NANCY HARVEY/ Initials		OH	29	110	5

ADDRESS

MIDDLETON & REUTLINGER
 2500 BROWN & WILLIAMSON TOWER
 LOUISVILLE, KY 40202

TITLE

Artificial disc prosthesis

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